

1. PATIENT INFORMATION

Patient Name (Last, First) Male Female DOB ____ / ____ / ____

2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY

National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.

Account Name

Address

City State Zip

Billing Contact

PO #

Account #

3. REPORT DELIVERY INFORMATION

Attention

Account Name

Address

City State Zip

Duplicate Report Requested

Name

Phone

Secure Fax

4. SPECIMEN INFORMATION

Specimen Source: Serum Plasma Whole Blood (Refer to sections 5–10 for appropriate specimen sources.)

Submitted By

Phone

Fax

Submitter Specimen #

Actual Specimen Collection Date

Collection Time

5. TOTAL COMPLEMENT ASSAYS – SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED

CH50 Total classical pathway activity by hemolytic titration AH50 Alternative pathway activity by hemolytic titration

6. FUNCTIONAL ASSAYS FOR INDIVIDUAL COMPONENTS – SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED

<input type="checkbox"/> C1QF	C1q function by hemolytic assay	<input type="checkbox"/> C5F	C5 function by hemolytic assay	<input type="checkbox"/> FBF	Factor B function by hemolytic assay
<input type="checkbox"/> C1F	C1 function by hemolytic assay	<input type="checkbox"/> C6F	C6 function by hemolytic assay	<input type="checkbox"/> FDF	Factor D function by hemolytic assay
<input type="checkbox"/> C2F	C2 function by hemolytic assay	<input type="checkbox"/> C7F	C7 function by hemolytic assay	<input type="checkbox"/> INHF	C1 esterase inhibitor function, Chromogenic
<input type="checkbox"/> C3F	C3 function by hemolytic assay	<input type="checkbox"/> C8F	C8 function by hemolytic assay	<input type="checkbox"/> C59S	Rapid screen for C5F, C6F, C7F, C8F, C9F, CH50
<input type="checkbox"/> C4F	C4 function by hemolytic assay	<input type="checkbox"/> C9F	C9 function by hemolytic assay	<input type="checkbox"/> FHF	Factor H function by hemolytic assay

7. AUTOANTIBODIES TO COMPLEMENT COMPONENTS – SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED

<input type="checkbox"/> C3NEF	C3 nephritic factor by Immunofixation Electrophoresis	<input type="checkbox"/> C1QAB	Autoantibody to C1q by ELISA (C1q-CLR)	<input type="checkbox"/> INHA	Autoantibody to C1-inhibitor by ELISA
				<input type="checkbox"/> FHAB	Autoantibody to Factor H by ELISA

8. COMPLEMENT KIDNEY PANELS – SEE INDIVIDUAL TESTS FOR SPECIMEN SOURCE REQUIREMENTS

<input type="checkbox"/> C3GN	C3 Glomerulopathy C3GN, DDD or Unknown Subclass Panel includes AH50, CH50, FBF, FDF, C3NEF, FHL, FIL, PROP, CD46, SC5B9 <i>Specimen sources required: serum, plasma and whole blood</i>	<input type="checkbox"/> LNP	Lupus Nephritis Panel includes C3NEF, CIC, C1QAB <i>Specimen sources required: serum and plasma</i>
		<input type="checkbox"/> AHUS	aHUS Panel includes FH, FIL, PROP, C3, CD46 <i>Specimen sources required: plasma, serum and whole blood</i>

9. INDIVIDUAL COMPLEMENT SPLIT PRODUCT LEVELS – PLASMA REQUIRED - ONE ALIQUOT PER TEST REQUESTED

<input type="checkbox"/> C3AR	C3a desArg level by RIA	<input type="checkbox"/> IC3B	iC3b level by ELISA	<input type="checkbox"/> SC5B9	SC5b-9 level by ELISA
<input type="checkbox"/> C4AR	C4a desArg level by RIA	<input type="checkbox"/> C4D	C4d level by ELISA	<input type="checkbox"/> C4RT	Ratio of C4d to C4
<input type="checkbox"/> C5AR	C5a desArg level by RIA	<input type="checkbox"/> BBL	Bb level by ELISA		

10. CONCENTRATIONS OF INDIVIDUAL COMPONENTS – PLASMA REQUIRED, UNLESS INDICATED

<input type="checkbox"/> C1Q	C1q level by RID	<input type="checkbox"/> C7L	C7 level by RID	<input type="checkbox"/> FIL	Factor I level by RID
<input type="checkbox"/> C1RL	C1r level by RID	<input type="checkbox"/> C8L	C8 level by RID	<input type="checkbox"/> PROP	Properdin level by ELISA
<input type="checkbox"/> C1SL	C1s level by RID	<input type="checkbox"/> C9L	C9 level by RID	<input type="checkbox"/> FBL	Factor B level by RID
<input type="checkbox"/> C2L	C2 level by RID	<input type="checkbox"/> INHL	C1-esterase inhibitor level by RID (C1-INH)	INTERNAL USE ONLY	
<input type="checkbox"/> C3	C3 level <i>Specimen source required: serum</i>	<input type="checkbox"/> CIC	Circulating immune complexes (C1q-binding and C3d)		
<input type="checkbox"/> C4	C4 level <i>Specimen source required: serum</i>	<input type="checkbox"/> MBL	Mannose binding lectin by ELISA <i>Specimen source required: serum</i>		
<input type="checkbox"/> C5L	C5 level by RID	<input type="checkbox"/> FDL	Factor D level by ELISA		
<input type="checkbox"/> C6L	C6 level by RID	<input type="checkbox"/> FHL	Factor H level by RID		

11. SPECIAL INSTRUCTIONS